app. §§ 101-111).

# UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

## 2015 FINANCIAL DISCLOSURE STATEMENT – FORM A

Please provide the following information. Your address	s and signature <u>WILL NOT</u> be made available	e to the public.
James A. Calhain (Print Full Name)	(202) 226-9928 (Daytime Telephone)	
1888 Longworth HOB, W (Complete Ac	Jashington, DC 20515 Idress - Office or Home)	
Filer Status: Men	mber Officer or Employee	
CERTIFICATION - THIS DOCUMENT MUST BE S	SIGNED BY THE REPORTING INDIVIDUAL	AND DATED
The attached Financial Disclosure Statement is required by the available to any requesting person upon written application and w who knowingly and willfully falsifies, or who knowingly and willfully criminal sanctions. See section 104 of the Ethics in Government Ac	Ethics in Government Act of 1978, as amended. Trill be reviewed by the Committee on Ethics or its designally fails to file, the attached report may be subject	he Statement will be gnee. Any individual
Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	Sim Calhoun	5/16/16
	original and two photocopies thereof. a signed original and one photocopy thereof.	
***FOR OFFICIAL USE ON	NLY – DO NOT WRITE BELOW***	
Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C.		

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UNITED STATES HOUSE OF REPRESENTATIVES	For Use by N	Form A lembers, Officers,	and Employees	
2015 FINANCIAL DISCLOSURE STATEMENT				(Office Use Only)
Name: James A. Calhoun Day	time Telepho	one: <u>(202) 2</u>	26-9928	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS  Member of or Candidate for State:		Office Emplo		e: 
REPORT 2015 Annual (Due: May 16, 2016)	Amendment		Termination  Date of Ter	1.5 16W
PRELIMINARY INFORMATION – ANSWER EACH OF THESE Q	UESTIONS			
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?  Yes	No No	F. Did you have any r outside entity during t year up through the d	eportable agreement o the reporting period or i ate of filing?	or arrangement with an in the current calendar Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No No	G. Did you, your spoureportable gift(s) total source during the rep	use, or your dependent ing more than \$375 in orting period?	child receive any value from a single
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No	reportable travel or re	use, or your dependent simbursements for trave single source during the	el totaling more than
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	] No	Did any individual o lieu of paying you for reporting period?	or organization make a a speech, appearance	donation to charity in , or article during the
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No	ATTACH THE C	ORRESPONDIN	G SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	TRUST INFO	RMATION - AI	NSWER <u>EACH</u>	OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offethe Committee on Ethics for further guidance.	ering during the repo	orting period? If you a	nswered "yes" to this q	guestion, please contact Yes No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Etl this report details of such a trust that benefits you, your spouse, or dependent child?	hics and certain other	er "excepted trusts" ne	ed not be disclosed. H	lave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "unearned" incom three tests for exemption? Do not answer "yes" unless you have first consulted with the	ne, transactions, or li e Committee on Ethi	abilities of a spouse o	r your dependent child	because they meet all Yes No No

#### SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James A. Calhoun Page 2 of 9

BLOCK A						BLC	CK B	ries wes	NEW CO.			BIIII		are to tall		NAME OF TAXABLE PARTY.	an designation	BLC	CK C	entores e	Najvetaje de deveniente	T	WHEN THE	450 A			BLO	CK D	guraum.		ili oraz est	Transition of		BLOCK E
Asset and/or Income Source						lue d							- 1							ome							ınt c							Transaction
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as	valua used If an beca *Colu you I	ation r I. n asse nuse it umn N	nethod et was genera	other to sold do ated inco assets	than fa luring come,	the rethe va	rket v eportir ilue sh	alue, p ng pe nould l	riod a	nd is	inclu	ided	only	529 colui ever	according accord	unts). Divieinve	you dend: sted, d in t	may s, int mus axabl	check erest, t be o	ck the , and disclos	accounts that 401(k), IRA, or "Tax-Deferred" capital gains, sed as income Check "None" ng the reporting	cate Divi mus acce gene	gory dends at be ounts	of ind s, int discl	come erest, losed check	by c and as i "No	hecki capi ncom ne" if	ng th tal ga ie foi	e appains, r ass	propri even ets h	ate b if re ield i	oox b einve in tan earne	elow. sted, xable ed or	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.  If only a portion of an asset was sold, please indicate as follows: (S (part)).
401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	THE REAL PROPERTY.		-	Commence								77		_		T-	_	No.	i in code	BETTE SERVICE	name in the state of the state	-	l II	III	IV	V	VI	VII	VIII	IX	х	XI	XII	Leave this column
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	A	В	С	D	E	F	G	Н	(A)	J	К	L	М										я	III	IA		VI	VII	VIII	IX.	, A	A		blank if there are no transactions that exceeded \$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.																																		
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.																																		
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																					arm Income)												over \$1,000,000*	
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.													.000'000					н	F		Income or F												come over \$	
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	1		000'	0000'0	000'00	3250,000	000'0099	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	000,000	Spouse/DC Asset over \$1,000,000		S		_	GAINS	EXCEPTED/BLIND TRUST	ERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			000	2,500	2,000	15,000	\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	000'000	Spouse/DC Asset with Income	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-8	\$1,000,000	\$5,000,000	\$25,000,00	Over \$50,000,000	Spouse/D(	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTE	TAX-DEFERRED	Other Typ (Specify:	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001	\$100,001	\$1,000,0	Over \$5,000,000	]/esnodS	P, S, S(part), or E
SP, EIF DC, SP Mega Corp. Slock	1		-	College Marie	X	-	-	40000				N PERSONAL PROPERTY.	encountry.	-	х		il composite	NO.			distribution of the second		a manganes		х		CONTRACTOR OF THE PARTY OF THE		- Company		anstrace.			S(part)
DC, SP Mega Corp. Stock  JT Simon & Schuster	$\vdash$		Indefini	le	130								-								Royalties	Г		Х						11				
Examples: ABC Hedge Fund X	$\vdash$						Х														Partnership Income					Х								
	$\overline{}$		MICH SERVICE	NAME OF TAXABLE PARTY.	E-POSITION E	-	-		esternino (c		CONTRACTOR OF THE PARTY OF THE		-		X		- pursu	X			POPULATION OF STREET	1	MAK MUSHIO	Samplera				X						PS
Google, Inc. Kroger Co.				X					_						$\langle \rangle$				1					X										P
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Vannuard S+P Fund	T			X				, w				7			X	15,		X							X									3(part)
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58 XYZ Hedge Fund X								113	X							- Constant					Partner-		Si Maria da Par		Contraction of the last of the			X					_	
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#### SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James A. Calhoun Page 3 of 9

BLOCK A Asset and/or Income Source						ue o	CKB fAss	et					Access (SC)	11.15.09.00	19	В Туре		CK (						Aı		Int o			е			BLOCK E
	A	В	С	D	E	F	G H	I	J	К	T.	М									į, l	AE .	H	IV	V	VI	VII	VIII	IX	Х	XI	GII.
	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$100,000 \$500.001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	Interest	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify; e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	P, S, S(part), o
ASSET NAME	T										mig:	ment verte			511	200.00	u es M															
P Clarendon, Inc.401(K) P - Fidelity Contrafund P - Vanguard Lavge Cap CVA 529 - Cheapeake TFreds Farm, WHTFD,CT - Corn Farm						100	-								y. "																	
P-Fidelity Contrafund	-				$\times$											-		-	$\stackrel{\times}{>}$		Š							-				P
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#### **SCHEDULE B - TRANSACTIONS**

Name: James A. Calhoun Page 4 of 9

Report any	purchase, sa	le, or exchange transactions that exceeded \$1,000 in the	Т	ype of T	ransacti	on	1	Date		History		Ar	nount	of Tra	nsacti	on			
dependent resulted in Exclude tra purchase or a portion of Capital Gai the "capital g	child for invest a capital loss ansactions be sale of your pan asset is sol ns: If a sales t gains" box, ur pain income on	ecurity or real property held by you, your spouse, or your ment or the production of income. Include transactions that . Provide a brief description of an exchange transaction, tween you, your spouse, or dependent children, or the tersonal residence, unless it generated rental income. If only d, please choose "partial sale" as the type of transaction. ransaction resulted in a capital gain in excess of \$200, check less it was an asset in a tax-deferred account, and disclose Schedule A.	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	(MO/DAYR) or Quarterly, Monthly, or Bi- weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001-	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000*  (Spouse/DC Asset)
SP, DC, JT		Asset									1 -								
SP	Example	Mega Corp. Stock			Х		Х	3/5/15		Х			THE RESERVE THE PARTY OF THE PA	A STATE OF THE PARTY OF THE PAR	- Section Control of the Control of		-		
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	1/24	cogle, Inc. cogle,			X		X	4/14/15	>										
SP	Cla	condan lac 401(x)						,,,,,,,									7716		
SP	-11	Supplied Large Cap	X					Monthly	X										
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Name:	James A. Calhoun	Page 5 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

	Source (include date of receipt for honoraria)	Type	Amount
	Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Examples:	State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
UCONN.	West Hartford Campus	Approved Teaching Legislative Pension Spouse salary	\$ 6,000 \$ 30,000 NA
State o Clarendo	FCT	Legislative Pension	# 30,000
Clarendo	on, Inc.	Spouse salary	NA
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Name:	James A Calhoun	Page of
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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period. Members**: Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude**: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

								Α	moun	t of Li	ability	V			
			1 No. 10 No. 10 No. 1		А	В	С	D	E	F	G	н	T	IJ	К
SP, DC, JT	Cre	ditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First B	ank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				х		NAME OF TAXABLE PARTY.					
SP	American E	.xpress	12/15	Creditcard	$\geq$										
DC	Department	of Ed.	8/12	Student loans	$\geq$										
	Bank of Am	erica	4/04	Mortgage on @rental			$\times$								
	Wells Farce	10	68	Mortgageonhome			L. L.	$\times$							
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#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude**: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Member Director	Bedmars Properties, LLC Central CT American Red Cross (uncompensated)

#### SCHEDULE F - AGREEMENTS

Name: James A. Calhoun Page 7 of 9

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
Colu	Myself and state of CT	Continued participation in leg. pension
	a .	

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source		Description	Value	
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400	
Rza	thu Portal	Flight, accommodations for Super Bowl (letter from Committee granting personal friendship)	\$8,000	
Rac	hel Portal	Flight, accommodations for 2015 NCAA Mens Final Four (letter from Committee granting personal friendship)	\$6,000	

## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: James A. Calhoun P

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE**: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Y	Y	N
Examples:	Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Baston-DC	Υ	Υ	Υ
Great	er Hartford Red Cross	Aug 12-14	DC-Farmington, CT-DC	4	4	
Habit	national fundralser	Dec 13-14	DC-NY-DC	7	7	4
Emb	naritable fundralser assy of France (MECEA)	March 1-6	DC-NY-DC DC-Paris-DC	Ý	4	
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# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	Tamore	A Calhain	Page 9 of 9
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2015 Aug. 13, 2015	\$2,000 \$500
Real T	ime with Bill Maher	Appearance	11/6/15	\$ 600
WKRP	'in Cincinnati	Appearance Appearance	5/4/15	008#
Connec	in Cincinnati ticut Living	Article	6/19/15	\$1,000
	J			

Note: Green envelopes submitted to Committee



## FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

#### FILER INFORMATION

Name:

James A. Calhoun

Status:

Member

State/District:

CT01

#### FILING INFORMATION

Filing Type:

Annual Report

Filing Year:

2015

Filing Date:

03/8/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Bedmars Properties, LLC ⇒ West Hartford Rental (2)		\$500,001 - \$1,000,000	Rent	\$15,001 - \$50,000	ō
LOCATION: West Hartford, CT, US					
Clarendon, Inc ⇒ East Hartford Rental (3)	SP	\$500,001 - \$1,000,000	Rent	\$15,001 - \$50,000	<u>C</u>
LOCATION: East Hartford, CT, US [Private Comments: No mortgage on property.]					
Clarendon, Inc ⇒ Fidelity Contra Fund	SP	\$50,001 - \$100,000	Tax-Deferred		О
Clarendon, Inc⇒ Vanguard Large Cap	SP	\$15,001 - \$50,000	Tax-Deferred		П
Congressional Federal CU CD	JT	\$250,001 - \$500,000	Interest	\$2,501 - \$5,000	
CT Legislative Pension		Undetermined	See Schedule C	Not Applicable	
Fred's Farm		\$1,000,001 - \$5,000,000	Farm Income	\$50,001 - \$100,000	
LOCATION: West Hartford, CT, US DESCRIPTION: Corn farm.					
Google Inc Class A (GOOGL)		None	Capital Gains, Dividends	\$15,001 - \$50,000	
Kroger Company (KR)		\$15,001 - \$50,000	Dividends	\$201 - \$1,000	
U.S. Savings Bonds	DC	\$15,001 - \$50,000	Interest	\$1,001 - \$2,500	

VA 529 PlanChesapeake Location: VA	DC	\$1,001 - \$15,000	Tax-Deferred		[]
Vanguard S&P Fund	COST, al Toto cost a costa de la costa	\$15,001 - \$50,000	Capital Gains, Dividends	\$1,001 - \$2,500	D
Walt Disney Company (DIS)		\$1,001 - \$15,000	Dividends	\$1 - \$200	
West Hartford Rental (1) Location: West Hartford, CT, US		\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	
Whole Life Insurance	and to a development of the state of the sta	\$100,001 - \$250,000	Tax-Deferred		
XYZ Hedge Fund	SP	\$1,000,001 - \$5,000,000	Partnership Income	\$15,001 - \$50,000	

<sup>\*</sup> Asset class details available at the bottom of this form.

#### SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
Alphabet Inc Class A (GOOGL)		05/4/2015	P	\$1,001 - \$15,000	
Alphabet Inc Class A (GOOGL)		11/27/2015	S	\$15,001 - \$50,000	<b>⋖</b>
Clarendon, Inc ⇒ Vanguard Large Cap	SP	Monthly	P	\$1,001 - \$15,000	
Kroger Company (KR)	gamma garrin gara con son con concentrar en con con con con con con con con con co	01/8/2015	P	\$1,001 - \$15,000	
Kroger Company (KR)		06/19/2015	P	\$1,001 - \$15,000	entre (a minute
Vanguard S&P Fund		04/14/2015	S	\$1,001 - \$15,000	<b>3</b>
Walt Disney Company (DIS)		04/8/2015	P	\$1,001 - \$15,000	

<sup>\*</sup> Asset class details available at the bottom of this form.

#### SCHEDULE C: EARNED INCOME

Source	Type	Amount
University of Connecticut at West Hartford [Private Comments: Approved teaching fee.]	Teaching	\$6,000
State of Connecticut	Pension	\$30,000
Clarendon, Inc.	Spouse Salary	N/A

#### SCHEDULE D: LIABILITIES

Owner (	Creditor	Date Incurred	Туре	Amount of Liability
I	Bank of America	4/04	Mortgage on rental property	\$50,001 - \$100,000
I	Private Comments: West Hartford rental,	listed as (1) on assets. ]		
7	Wells Fargo	6/09	Mortgage on home	\$100,001 - \$250,000
I	Private Comments: Primary residence. ]			
I	Department of Education	8/12	Student loans	\$10,000 - \$15,000
Ĵ	American Express	12/15	Credit card debt	\$10,000 - \$15,000

#### SCHEDULE E: POSITIONS

Position	Name of Organization
Member	Bedmars Properties, LLC
Director	Central Connecticut American Red Cross
Comments: Uncompensated	

#### SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
June 2011	Myself and state of Connecticut	Continued participation in legislative pension.
[Private Comme	nts: Vested in 2009]	

#### SCHEDULE G: GIFTS

Source	Description	Value
Rachel Portal (Cheshire, CT, US)	Flight, accommodations for Super Bowl	\$8,000
COMMENTS: Personal friendship exception-ap	proval letter	
Rachel Portal (Cheshire, CT, US)	Flight, accommodations for 2015 NCAA Men's Final Four	\$6,000
Comments: Personal friendship exception-ap		

## SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

		Trip Details				Inclusions	
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
Greater Hartford Red Cross	08/12/2015	08/14/2015	DC - Farmington, CT - DC	0	<b>4</b>	•	
Habitat for Humanity	12/13/2015	12/14/2015	Washington, DC - New York, NY - Washington, DC	O	•	•	•
Comments: charitable fundraise	er		Tork, 111 Trabilington, De				

Embassy of France (MECEA) 03/1/2015	03/6/2015	Washington, DC - Paris, France - Washington, DC	O	•	1	

#### SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Source	Activity	Date	Amount	Charity Name
Real Time with Bill Maher	Appearance	11/6/2015	\$600	
WKRP in Cincinnati	Appearance	05/4/2015	\$800	
Connecticut Living	Article	06/19/2015	\$1,000	

#### SCHEDULE A AND B ASSET CLASS DETAILS

0	Bedmars Properties, LLC LOCATION: West Hartford, CT, US
0	Clarendon, Inc (Owner: SP)

#### EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

Yes 
No

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes No

#### COMMENTS

#### CERTIFICATION AND SIGNATURE

☑ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: James A. Calhoun, 03/8/2016

# UNITED STATES HOUSE OF REPRESENTATIVES ETHICS IN GOVERNMENT ACT

## FINANCIAL DISCLOSURE STATEMENT – FORM B

Please provide the following information. Your address as	nd signature <u>WILL NOT</u> be made available	to the public.
Earl L. Lambeau (Print Full Name)	(920) 232-5076 (Daytime Telephone)	
123 Main Street, Green Bay (Complete Address	ess – Office or Home)	
Filer Status: New Member	Employee	
CERTIFICATION - THIS DOCUMENT MUST BE SIG	NED BY THE REPORTING INDIVIDUAL A	AND DATED
The attached Financial Disclosure Statement is required by the Etlavailable to any requesting person upon written application and will who knowingly and willfully falsifies, or who knowingly and willfully	hics in Government Act of 1978, as amended. The be reviewed by the Committee on Ethics or its design y fails to file, the attached report may be subject t	ne Statement will be gnee. Any individual
(Print Full Name) (Daytime Telephone)  123 Main Stylet (Sylen Bay, W. 54.55) (Complete Address – Office or Home)  Filer Status: New Member Candidate New Officer or Employee  CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED  the attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be vailable to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual how knowingly and willfully falisfies, or who knowingly and willfully falis to file, the attached report may be subject to civil penalties and riminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.  Certification Signature of Reporting Individual Date  CERTIFY that the statements I have made on the attached		
	Signature of Reporting Individual	Date
financial disclosure statement and all attached schedules are true,	Curly Sambay	5/14/16
New Members and Candidates must file a	signed original and two photocopies thereof. signed original and one photocopy thereof.	wil
***FOR OFFICIAL USE ONL	Y – DO NOT WRITE BELOW***	

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in		
compliance with title I of the Ethics in Government Act		
(5 U.S.C. app. §§ 101-111).		

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			FORM D	F	Page 1 of <u>6</u>	
UNITED	STATES HOUSE OF REPRESENTATIVES	For New Members	A UT DOMEST		300	
FINANCIA	L DISCLOSURE STATEMENT	For New Members,	Candidates, and New Employees			
Name: For New Members, Candidates, and New Employees						
Name:	Earl L. Lambeau	Daytime Telepho	one:(920)232-5076			
FILER	U.S. House of Representatives District; 84		The state of the s	(Office	e Use Only)	
	A \$200 penalty shall individual who files n	be assessed against any nore than 30 days late.				
A. Did you, you a. Own any end of the b. Make my asset du      C. Did you or honoraria, or reporting period.	our spouse, or your dependent child: reportable asset that was worth more than \$1,000 at the reporting period? or ore than \$200 in unearned income from any reportable ring the reporting period?  your spouse have "earned" income (e.g., salaries, pension/IRA distributions) of \$200 or more during the od?  our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?  ATTACH THE COR	No No No RESPONDING SCH	E. Did you hold any reportable positions duror in the current calendar year up through the following the reportable agreement of coutside entity during the reporting period or year up through the date of filing?  J. Did you receive compensation of more the source in the current year and two prior year the current year and two prior year the prior year the current year and two prior year the year the prior year the ye	ar arrangement with an in the current calendar an \$5,000 from a single rs?		
	THIS FORM INCLUDES ONLY	THE SCHEDULES	THAT YOU ARE REQUIRED T	O COMPLETE	Andrew Commencer of the	
INTED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT    Name: Far						
this report de	tails of such a trust that benefits you, your spouse, or dependent cr	ilid?			Yes No	
EXEMPTION exemption?	<ul> <li>Have you excluded from this report any other assets, "unearned'</li> <li>Do not answer "yes" unless you have first consulted with the Comm</li> </ul>	" income, or liabilities of a s nittee on Ethics.	pouse or dependent child because they me	et all three tests for	Yes No No	

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Earl L. Lambeau Page 2 of 6

BLOCK A BLOCK B BLOCK C	
Assets and/or Income Sources Value of Asset Type of Income Amount of Income	
Identify (a) each asset held for investment or production of income and with a fair market value you use a valuation method other than fair market value, exceeding \$1,000 at the end of the reporting period. Justine the production of income and with a fair market value with a fair market value, exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in location with the production of income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  Indicate value of asset at close of the reporting period. If the close of the reporting period. If the close of the reporting period and is income with the provide complete names of stocks and mutual funds (do not use only ticker symbols).  Indicate value of asset at close of the reporting period. If the close of the reporting period. If the close of the reporting period and is closed as income with the close of the reporting period. If the close of the reporting period and is closed as income which generated more than \$200 in location (and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.  **Column XII is for assets held by your spouse or dependent child in which you have no interest.	ncome for assets held in taxable
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Preceding Year
For bank and other cash accounts, total the amount in A B C D E F G H I J K L M  I II III IV V VI VII VII IX X XI XII I II III I	THE RESIDENCE AND PARTY OF THE PROPERTY OF THE
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	
Trental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	
homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	.0001
retirement program, including the Thrift Savings Plan.  If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	1,000
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  Except EPRENT INTEREST INTO/OOF \$25,000,000  INDIPERS ST INTO/OOF \$25,000  INDIPERS ST INTO/OOF \$25,00	\$1,001-\$4,500 \$2,501-\$5,000 \$15,001-\$15,000 \$15,001-\$10,000 \$10,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000
DC, Mega Corp Stock Providing Stock Republic Rep	X
Examples:  Partnership X	x
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FTC: Library Non Kon Kon of the Non Of the Non Kon of the Non Of the No	
an Charles Cas	
General Fleuric	
ABC Hedge Fund X  JTCitiban K Van Kacats  General Electric  Cocole, Inc cl. C  Lawrence Roofing	

Use additional sheets if more space is required.

Lawrence, Wi

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Far L. Lambeau Page 3 of 6

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Assets and/or Income Sources		Value of Asset										Type of Income														,	٩mc	ount	t of	Inco	ome	ì									
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		None	\$1-\$1,000	\$15,001-850,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000	S1-5200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	31,000,000,68-100,000,18	Spouse/DC Income over \$1,000,000*
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Lambeau family trust	_						_	1	X				-			-	0			Farm				-	V		-		-	-	-					$\vdash$	X				
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#### SCHEDULE C - EARNED INCOME

Name: Earl L. Lambeau Page 4 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Amount			
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year		
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Salary	\$0 \$20,000	\$500 \$76,000		
Examples: State of invalvantus Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A		
Lawrence Roofing Company, Lawrence, WI	Salary	\$40,000	\$140,000		
First Union Bank, W (Green Bay)	Director's Fees	\$ 3,000	\$12,000		
Lawrence Roofing Company, Lawrence, WI First Union Bank, W (Green Bay) WKRP Radio, Cincinnati, OH	Appearance Fee.	#300	NIA		
State of WI	Pension	\$12,000	\$36,000		
Hallmark, Green Bay, WI	Spouse salary	NA	N/A		
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Name: Earl L. Lambeau	Page_5_ of

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

CHARLES AND ADDRESS OF THE PARTY OF THE PART							Δ	moun	t of Li	ability			per enterna	pomento esperante
				A	В	С	D	E	F	G	н	1	J	К
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001-	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE		No cod wheeling		х		Contraction to the Contraction of the Contraction o		No - Printing			
	Capital One	4/10	Credit Card	$\times$										
SP	Department of Ed. Sun Trust	9/08	Student Loan Personal guarantur		$\stackrel{>}{\searrow}$									
	Juli frust		for campaign loan			er						Fig. 1		

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year.

Position	Name of Organization	
Trustee	Baker University (un compensated)	
Trustee Owner and President	1 avrence Roofina	
COSTIC TO STORY		¥

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Name: Earl L. Lambeau Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
12/2011	Myself and state of Wisconsin	Participation in pension
100 (00)		
	д	

## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and <u>two</u> prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties		
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services		
Univer Cr	rsity of Wisconsin Nadison, WI)	Roofing for new dorms		
Smit	n Tire (Green Bay, WD)	Roofing on business parcel		



## FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

#### FILER INFORMATION

Name:

Earl L. Lambeau

Status:

Congressional Candidate

State/District:

WI08

#### FILING INFORMATION

Filing Type:

Candidate Report

Filing Year:

2016

Filing Date:

03/8/2016

Period Covered:

01/01/2015-05/16/2016

#### SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
ABC Hedge Fund		\$500,001 - \$1,000,000	Partnership	\$2,501 - \$5,000	\$15,001 - \$50,000
Citibank Bank Accounts	JГ	\$15,001 - \$50,000	Interest	\$1 - \$200	\$1 - \$200
General Electric Company (GE)		\$100,001 - \$250,000	Capital Gains, Dividends	\$201 - \$1,000	\$1,001 - \$2,500
Google Inc Class A (GOOGL)		\$50,001 - \$100,000	Capital Gains, Dividends	\$1,001 - \$2,500	\$201 - \$1,000
Hallmark 401(k) ⇒ Fidelity Contra Fund	SP	\$50,001 - \$100,000	Tax-Deferred		***************************************
Hallmark 401(k) ⇒ Fidelity Large Cap Fund	SP	\$15,001 - \$50,000	Tax-Deferred		
Lambeau Family Trust ⇒ Family Farm		\$500,001 - \$1,000,000	Farm Income	\$5,001 - \$15,000	\$15,001 - \$50,000
LOCATION: Reno City, KS, US DESCRIPTION: CORN FARM					
Lambeau Family Trust ⇒ Vanguard REIT Index Fund		\$15,001 - \$50,000	Dividends	\$1,001 - \$2,500	\$201 - \$1,000
Lawrence Roofing		\$1,000,001 - \$5,000,000	S Corp Income	\$15,001 - \$50,000	\$50,001 - \$100,000
LOCATION: Lawrence, WI, US Description: Roofing company					

	\$15,001 - \$50,000	Interest	\$2,501 - \$5,000	None
	\$250,001 - \$500,000	Dividends	\$201 - \$1,000	\$1,001 - \$2,500
2001	\$50,001 - \$100,000	Tax-Deferred		
	\$15,001 - \$50,000	Tax-Deferred		
	\$50,001 - \$100,000	None		
JT	\$1,000,001 - \$5,000,000	None		
- N	Undetermined	Pension	\$5,001 - \$15,000	\$15,001 - \$50,000
	JT	\$250,001 - \$500,000 \$50,001 - \$100,000 \$15,001 - \$50,000 \$50,001 - \$100,000 JT \$1,000,001 - \$5,000,000	\$250,001 - \$500,000 Dividends  \$50,001 - \$100,000 Tax-Deferred  \$15,001 - \$50,000 Tax-Deferred  \$50,001 - \$100,000 None  JT \$1,000,001 - None	\$250,001 - \$500,000 Dividends \$201 - \$1,000  \$50,001 - \$100,000 Tax-Deferred  \$15,001 - \$50,000 Tax-Deferred  \$50,001 - \$100,000 None  JT \$1,000,001 - \$5,000,000 None

<sup>\*</sup> Asset class details available at the bottom of this form.

## SCHEDULE C: EARNED INCOME

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
Lawrence Roofing	Salary	\$40,000	\$140,000
First Union Bank (Green Bay, WI)	Director's Fees	\$3,000	\$12,000
WKRP Radio	Appearance Fee	\$300	N/A
State of Wisconsin	Pension	\$12,000	\$36,000
Hallmark	Spouse Salary	N/A	N/A

## SCHEDULE D: LIABILITIES

Owne	r Creditor	Date Incurred	Туре	Amount of Liability
	Capitol One	4/16	Credit card debt	\$10,000 - \$15,000
SP	Department of Education	9/08	Student loans	\$15,001 - \$50,000
	Sun Trust	12/15	Personal guarntor for campaign loan	\$15,001 - \$50,000

#### SCHEDULE E: Positions

Position	Name of Organization
Trustee	Baker University
Comments: Uncompensated	
Owner and President	Lawrence Roofing

#### SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
December 2011	Myself and state of Wisconsin	Continued participation in legislative pension plan.
[Private Comments.	: Vested in 2009.]	

#### SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties	
University of Wisconsin (Madison, WI, US)	Roofing for new dorms	
Smith Tire (Green Bay, WI, US)	Roofing on business parcel	

#### SCHEDULE A ASSET CLASS DETAILS

<ul> <li>Hal</li> </ul>	lmark 4	01(k)	(Owner:	SP)
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- o Lambeau Family Trust
- o MelLife Variable Annuity
- Merrill Lynch IRA

#### EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regard:	ing "Qualified	l Blind Trusts"	approved by	y the Com	mittee on E	thics and certain oth	er "excepted	l trusts" n	need not b	e disclosed	. Have
you excluded from this	report details	of such a trus	t benefiting	you, your	spouse, or d	ependent child?					
Yes No											
						u nasa			95 S260	251023560	

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes 
No

## Comments

#### CERTIFICATION AND SIGNATURE

✓ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Earl L. Lambeau, 03/8/2016

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app. 4 §§ 101-111).

## UNITED STATES HOUSE OF REPRESENTATIVES

## ETHICS IN GOVERNMENT ACT

## PERIODIC TRANSACTION REPORT

Please provide the following information. Your address	s and signature <u>WILL</u> <u>NOT</u> be made available	e to the public.
James A. Calhoun (Print Full Name)	(202) 226-9928 (Daytime Telephone)	
1888 Longworth HOB, Was	thing ton, DC 20515  ddress Office or Home)	
Filer Status: Memb	er Officer or Employee	
CERTIFICATION - THIS DOCUMENT MUST BE	SIGNED BY THE REPORTING INDIVIDUAL	AND DATED
The attached Periodic Transaction Report (PTR) is required by the to the public and will be reviewed by the Committee on Ethics or knowingly and willfully fails to file the attached report may be subj Government Act (5 U.S.C. app. 4, §§ 101-111) and 18 U.S.C. § 1001.	Ethics in Government Act of 1978, as amended. The its designee. Any individual who knowingly and wi ect to civil penalties and criminal sanctions. See Section	PTR will be available llfully falsifies or who
Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached	Signature of responding received	2
Periodic Transaction Report are true, complete, and correct to the best of my knowledge and belief.	Jim Calhorer	4/6/15
	original and two photocopies thereof. a signed original and one photocopy thereof.	
***FOR OFFICIAL USE ON	NLY – DO NOT WRITE BELOW***	
Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this		
Periodic Transaction Report, that the reporting individual is in		
compliance with title I of the Ethics in Government Act (5 U.S.C.		

#### UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: James A. Calhoun	OFFICE TELEPHONE:(202) 226 - 9928	
Member of the U.S. House of Representatives  State: District:  File an original and 2 copies	Officer or Employee  Employing Office:  File an original and 1 copy	(For Official Use Only)
Did you purchase any shares that were allocated as a part of an Initial Public Offering?  Yes  No  If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Please indicate whether this is an initial report or an amended report.  For amendments, please provide the date of the report you are amending.  Initial Report  Amendment  Date of Report Being Amended:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.

	FULL ASSET NAME	T	YPE C RANS CTIO	S-	DATE OF TRANS- ACTION	DATE NOTIFIED OF TRANS- ACTION				АМО	UNT C	F TRA	NSAC	TION			
							А	В	С	D	E	F	G	н	1	J	K
SP DC JT	Provide full name, not ticker symbol.	Purchase	Sale	Exchange	(MM/DD/YY)	(MM/DD/YY)	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,00	\$25,000,001- \$50,000,000	Over \$50,000,000	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
JT	Example: Mega Corp. Common Stock		Х		02/05/015	03/07/15		Х									
	Walt Disney Google, Inc.	X			4\8\15 5\4\15	4/11/15	X										

 $Clerk\ of\ the\ House\ of\ Representatives \bullet Legislative\ Resource\ Center \bullet 135\ Cannon\ Building \bullet Washington,\ DC\ 20515$ 

#### FILER INFORMATION

Name:

James A. Calhoun

Status:

Member

State/District: CTo1

#### TRANSACTIONS

ID Ov	wner Asset	Transac Type	tion Date	Notification Date	Amount
9-80-9-80-9-80-9-80-9-80-9-80-9-80-9-80	Alphabet Inc Class A (GOOGL) Filing Status: New	P	05/4/2015	05/4/2015	\$1,001 - \$15,000
	Walt Disney Company (DIS) FILING STATUS: New	P	04/8/2015	04/11/2015	\$1,001 - \$15,000

#### INITIAL PUBLIC OFFERINGS

O Yes 
No

#### CERTIFICATION AND SIGNATURE

✓ I CERTIFY that the statements I have made on the attached Periodic Transaction Report are true, complete, and correct to the best of my knowledge and belief.

 $\textbf{Digitally Signed:} \ \textit{James A. Calhoun} \ , \ o_3/8/2016$